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PATENT

Atty. Docket No. ADI-095
(120290/ 155730)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Lucas *et al.*

CONF. NO.: 7282

SERIAL NUMBER: 10/619,652

ART UNIT: 3728

FILING DATE: July 15, 2003

EXAMINER: Kavanaugh, John T

TITLE: Full Length Cartridge Cushioning System

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 28th day of September 2005.



Diane Racicot

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Submitted herewith is/are:

1. Transmittal Form (1 pg.);
2. Fee Transmittal Form (1 pg.);
3. A Check in the Amount of \$300.00;
4. Amendment and Response with Replacement and Annotated Sheets (17 pgs.); and
5. Return receipt postcard.



**TRANSMITTAL
FORM**

Application Serial Number	10/619,652
Filing Date	July 15, 2003
First Named Inventor	Lucas
Group Art Unit	3728
Examiner Name	John T. Kavanaugh
Attorney Docket No.	ADI-095
Confirmation No.	7282
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

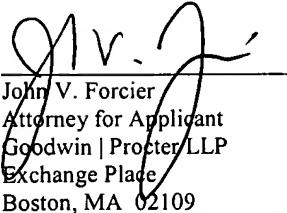
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Brief (in triplicate)
<input checked="" type="checkbox"/> Amendment and Response with Replacement Sheet and Annotated Sheet	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Status Inquiry
<input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]	<input type="checkbox"/> Associate Power of Attorney	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
<input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD(s) for large table or computer program	
<input type="checkbox"/> Sequence Listing submission	<input type="checkbox"/> Amendment After Allowance	
<input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	

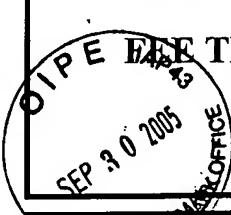
CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
 Goodwin | Procter LLP
 Exchange Place
 Boston, MA 02109
 Tel. No.: (617) 570-1000
 Fax No.: (617) 523-1231
 Customer No. 051414

SIGNATURE BLOCK

Respectfully submitted,


 John V. Forcier
 Attorney for Applicant
 Goodwin | Procter LLP
 Exchange Place
 Boston, MA 02109



**TRANSMITTAL
FY 2005**

Complete if Known	
Application Serial Number	10/619,652
Filing Date	July 15, 2003
First Named Inventor	Lucas
Group Art Unit	3728
Examiner	J. Kavanaugh
Attorney Docket No.	ADI-095

METHOD OF PAYMENT

1. Payment Enclosed:
 Check Money Order Other

2. The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 07-1700.

Required Fees (copy of this sheet enclosed).

Additional fee required under 37 CFR 1.16 and 1.17.

Overpayment Credit.

3. Applicant claims small entity status.

FEE CALCULATION

1. FILING/SEARCH/EXAM/SIZE FEES

Large Entity

Fee (\$)	Fee Description	Fee Paid
300	Utility filing fee	
500	Utility search fee	
200	Utility exam fee	
250	Utility size fee (each add'l 50 pgs. over 100)	
200	Design filing fee	
100	Design search fee	
130	Design exam fee	
250	Design size fee (each add'l 50 pgs. over 100)	

	Number Filed	Number Extra	Rate	Amount
Total Claims	- 20 =		x \$ 50.00 =	
Independent Claims	- 3 =		x \$200.00 =	
<input type="checkbox"/> Multiple Dependent Claim(s), if any			\$360.00 =	

TOTAL:

SMALL ENTITY DISCOUNT:
SUBTOTAL (1) (\$)

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid	SUBTOTAL (3) (\$)
Total 36	- 34 =	2	x \$ 50.00 =	100.00	
Indep. 4	- 3 =	1	x \$200.00=	200.00	
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$360.00=		

TOTAL: (\$)

SMALL ENTITY DISCOUNT:
SUBTOTAL (2) (\$ 300.00)

TOTAL (\$ 300.00)

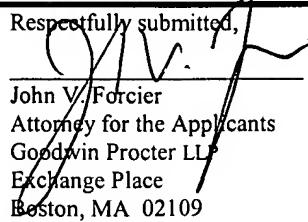
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Patent Administrator
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Respectfully submitted,


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